

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/02/2015
NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00159849.</p> <p>Complaint IN00159849- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 2, 2015.</p> <p>Facility number: 012394 Provider number: 012394 AIM number: N/A</p> <p>Survey Team: Megan Burgess, RN, TC Geoffrey Harris, RN</p> <p>Census bed type: Residential: 128 Total: 128</p> <p>Census Payor type: Medicaid: 17 Other: 111 Total: 128</p> <p>Sugar Grove Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00159849.</p> <p>Quality Review 01/05/15 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE